

Synergistic Role of Shodhana and Shamana Chikitsa in Eka-Kustha WSR to Psoriasis: A Case Report

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Abstract:

The disease Eka-Kustha, classified under kshudrakustha in Ayurveda, is one of the most common dermatologically disorder frequently seen in medical practice. Its clinical features include Aswedanam (absence of perspiration), Matsyasakolipamam (silvery scaling), Mahavastu (involvement of big area). Based on clinical features, it is more or less resemble to Psoriasis. There is no satisfactory treatment available for Psoriasis in conventional medical system. However, Ayurveda advocates Sodhana and Shamana Chikitsa, which is giving good results in management of Psoriasis. A patient presenting to the OPD with complaints of dryness of all over skin, redness, silvery scaly skin, severe itching and burning sensation all over body since last one year was managed with Virechana karma followed by Shaman Ausadhis. Significant clinical improvement was noted within 2 months of treatment.

Keywords: Eka-kustha, Psoriasis, Virechana, Shamana Ausadhis.

Introduction:

- कुष्णाति रोगम्। (Sadbakalpadrum)
- कुष्णाति अंगम्। (Amarakosha)

The disease in which skin deformity (vikriti) occurs called Kustha. Now a days, skin diseases (Tvak roga) are becoming more common because of our faulty life style i.e. mithya ahara and vihara. In Ayurveda skin diseases are termed as Kustha. Eka-kustha is one of the Kshudrakustha described in many Ayurvedic classics. अस्वेदनं महावास्तु यन्मत्स्यशकलोपमम् । तदेककुष्ठं, (Ch. Chi. 7/21)- Acharya Charaka describes it with three cardinal features like, Aswedanam (absence of perspiration), Mahavastu (extensive involvement of the body surface) and Matsya-shakalopamam (scaling of the skin resembling fish scales)¹. Acharya Sushruta and Vagbhata have also emphasized similar features, indicating the predominance of Vata and Kapha dosha in its pathogenesis. The main Dushyas involved are Rasa, Rakta, Mamsa, Lasika, and Tvak, while the primary Srotas affected are Rasavaha, Raktavaha, and Mamsavaha. There is no specific description available in Samhita regarding the line of management of Eka-kustha. Hence the line of treatment is to be done according to the predominance of Dosas.

The term Psoriasis is originated from the Greek words “Psora” and “Iasis”. Psora means itch or scale and Iasis means condition. It is a common, chronic and non-infectious skin disease characterized by well-defined slightly raised, dry erythematous macules with silvery scales and typical extensor distribution². According to WHO the worldwide prevalence of psoriasis is 2-3% (April, 2013)³. The prevalence of psoriasis in India ranges from 0.44% to 2.8% in the general population, with hospital-based data showing it accounts for roughly 2% to 8% of dermatology outpatient visits⁴.

Case Report:**Chief Complaints:**

A 40-year-old male attend to OPD with chief complaints of dryness of all over skin, redness, silvery scaly skin, severe itching and burning sensation all over body since last one year associated with pain in B/L knee joint pain for last six months.

H/O Present Illness:

Three years before the patient was apparently normal. But suddenly he started having a lot of dandruff on his head and he took medicine from a local doctor and got rid of the problem. Within three months of stopping the medicine, he started seeing red spots all over his body along with a lot of itching. Within a few days, he started seeing red spots all over his body along with itching, and again he started taking medicine on the advice of a local doctor but his problem kept recurring. In such a situation, he came to our hospital for further treatment.

Past History: No history of DM/HTN, No history of allergy

Personal History:

- Diet - Nonvegetarian
- Appetite - Normal
- Bowel movement- 1 times/day, Constipated
- Bladder movement- 4-5 times/day
- Sleep - Disturbed
- Addiction - No

Ashtavidha Pariksha:

- Nadi (Pulse) - Vata Kapha
- Mutra (Urine) - Pandur 4-5/Day, 0-1/Night
- Mala (Stool) - Vibandha
- Jivha (Tongue) – Lipta (White coated)
- Shabda (Voice) - Prakrita
- Sparsha (Skin) - Sheet
- Drika (Eye) - Prakrita
- Akriti (General appearance) - Madhyam

General Examination:

- Pulse Rate - 78/min

- Blood Pressure - 118/68 mm of Hg
- Respiratory Rate - 18/min
- Temperature - 98.6°F
- Pallor- Absent
- Icterus- Absent
- Cyanosis- Absent
- Clubbing- Absent

On Examination:

Multiple well-defined, dry, erythematous papule and plaques covered with white scales over both extremities and body. Auspitz sign (+)

Diagnostic Assessment:

Based on clinical presentation, examination the case was diagnosed as Eka-kustha (Psoriasis). Criterion of assessment was based on PASI score. PASI combines the assessment of the severity of lesions and the area affected into a single score in the range 0 (no disease) to 72 (maximal disease). The PASI is a measure of the average redness, thickness and scaling of the lesions (each graded on a 0-4 scale), weighted by the area of involvement.

PASI Score = (Redness + Thickness + Scaling) Area score Area multiplier

<u>Area Score</u>	<u>Area Multiplier</u>	<u>Intensity of redness, thickness and scaling</u>
• <10 %- 1	0.1- Head	• None- 0
• 10-30 %- 2	0.2- Upper limbs	• Mild- 1
• 30-50 %- 3	0.3- Trunk	• Moderate- 2
• 50-70 %- 4	0.4- Lower limbs	• Severe- 3
• 70-90 %- 5		• Very Severe- 4
• >90 %- 6		

Therapeutic Intervention:

Table-1. Treatment schedule for first visit-

SN	MEDICINE	DOSE AND TIME OF ADMINISTRATION
1	Mahamanjisthadi kwath	15 ml twice a day (morning and evening) empty stomach
2	Arogyavardhini rasa	250 mg twice a day before food
3	Panchatiktaghrita Guggul	500 mg twice a day after food
4	khadirarista	15 ml with equal amount of water twice a day after food (lunch and dinner)
5	Mahatikta ghrita	Quantity sufficient for local application
6	<u>Triphala churna</u>	5 gm with LWW at bed time
7	<u>Brahmi vati</u>	500at bed time

Table- 2. Treatment protocol in IPD-

Procedure	Medicine	Days and dose
Deepan – pachana	Panchakol churna	3 gm, twice a day, 5 days
Snehapana aaroahankrama	Mahatiktaghrita	1 st -30 ml 2 nd -60 ml 3 rd -90 ml 4 th -120 ml 5 th -150 ml 6 th -180 ml 7 th -210 ml
Abhyanga followed by swedana	Bala oil	8 th – 10 th day
Virechana	Trivritthleha	11 th day,60 gm,18 vega observed
Samsarjan karma		3 days

Result and Observations:
Table- 3. Psoriasis area severity index (PASI)

BEFORE TREATMENT	HEAD AND NECK	UPPER LIMBS	TRUNK	LOWER LIMBS
SKIN AREA INVOLVED SCORE	0%	>90%	50-70%	70-90%
REDNESS	0%	2	3	3
THICKENING	0%	1	2	3
SCALING	0%	2	2	2
TOTAL SCORE = 30.4				

Table- 4. Psoriasis area severity index (PASI)

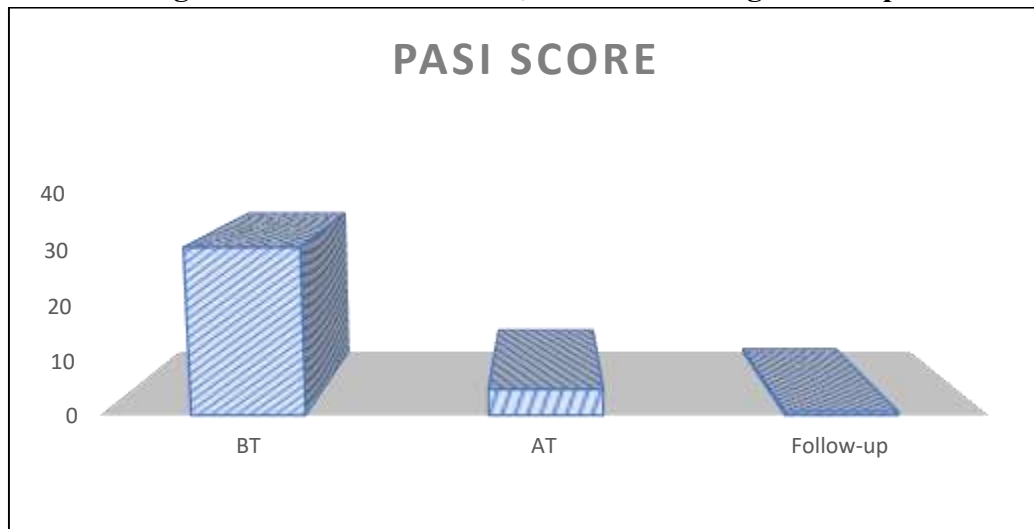
AFTER TREATMENT	HEAD AND NECK	UPPER LIMBS	TRUNK	LOWER LIMBS
SKIN AREA INVOLVED SCORE	0%	<10%	10-30%	30-50%
REDNESS	0%	1	1	1

THICKENING	0%	0	1	2
SCALING	0%	1	0	0
TOTAL SCORE = 4.8				

Table- 5. Psoriasis area severity index (PASI)

FOLLOWUP TREATMENT	HEAD AND NECK	UPPER LIMBS	TRUNK	LOWER LIMBS
SKIN AREA INVOLVED SCORE	0%	<10%	0%	<10%
REDNESS	0%	0	0	1
THICKENING	0%	0	0	0
SCALING	0%	1	0	0
TOTAL SCORE = 0.6				

Figure 1: PASI score before, after and during follow-up.





1-4- BEFORE TREATMENT



5-8- AFTER TREATMENT



9-12- FOLLOW-UP TREATMENT

Discussion:

In this present case, the patient received allopathic treatment on multiple occasions, but the condition repeatedly relapsed, highlighting the therapeutic challenges of Eka-kustha (Psoriasis) in conventional medicine.

Eka-kustha, which is generally considered a feature of kustha, is a Vata- Kapha pradhana Tridosaja vyadhi. Acharya Charaka generally considers all Twak Vikara to have a mixed etiology (Sannipatik). The specific features of Kustha (skin diseases) manifest predominantly based on the Doshas involved.⁵ The treatment

protocol for the management of Eka-kustha (Psoriasis) was undertaken according to Ayurvedic guidelines, consisting of Shodhana and Shamana Chikitsa.

Snehapana is regarded as a crucial Purvakarma of Shodhana Chikitsa, as it facilitates Dosha Utklesha in the body. It further promotes Vata Anulomana, enhances Jatharagni (Deeptagni), imparts proper consistency and Snigdhata to Purisha, and promotes Varnaprasadana.⁶

Swedana Karma potentiates the process by enhancing micro-circulation and by clearing Srotorodha, thereby mobilizing the morbid Doshas from Shakha to the extracellular compartment. Ultimately, it aids in shifting the metabolites into Rakta and directing them towards Kustha, making their elimination easier through Virechana Karma.⁷

Virechana is useful in pitta dominant disorders along with kapha sansrista doshas and pitta sthanagata kapha⁸. Since the patient was admitted in November (Sharad kala); which was the time of pitta prokopa⁹. Also we know margasirshamasa (November-December) is suitable for pitta elimination¹⁰. Therefore, the patient was given priority for Virechana karma.

In Bhaishajya Ratnavali, Kustha Chikitsa Adhyaya, Mahamanjishtadi Kwatha is mentioned as an excellent formulation for managing all varieties of Kustha.¹¹

Manjishtha (*Rubia cordifolia*), the principal ingredient, is well recognized as a leading Rakta-Shodhaka and Kusthaghna Dravya. The compound further contains Nimba, Triphala, Katuki, Guduchi, Haridra, Daruharidra, along with other Tikta-Kashaya Rasa Pradhana drugs that work synergistically. As a result, the formulation cleanses Rakta Dhatu, balances Pitta and Kapha Doshas, kindles Agni, and removes Srotodushti.

In Rasaratna Samucchaya, Arogyavardhini Vati is described as an effective formulation indicated for Kushtha, Kamala, Pandu, Yakrit-Vikara, and various Pittaja Rogas.¹²

This formulation is mainly composed of Parada, Gandhaka, Loha Bhasma, Abhraka Bhasma, Tamra Bhasma, Triphala, Trikatu, Katuki and Nimba. It primarily pacifies Pitta and Kapha Dosha and purifies Rakta Dhatu and Yakrit (liver), which are the key factors involved in the Samprapti of Kushtha. Therefore, Arogyavardhini Vati regulates Agni, purifies Rakta, detoxifies the liver and restores Dosha balance, leading to the alleviation of Kushtha Lakshanas such as scaling, pruritus, and discoloration.

Bhaishajya Ratnavali, Kushtha Chikitsa Adhyaya, mentions Panchatikta Ghrita Guggulu as highly effective in Kushtha Roga¹³. The combination of Tikta Rasa Dravyas (Nimba, Guduchi, Vasa, Patola, Kantakari) acts as Rakta-Prasadana, Kleda-Shoshana and Pitta-Kapha Shamana. Ghrita acts as a Yogavahi, carrying the therapeutic properties of the drugs into deeper Dhatus while simultaneously promoting Twak-prasadana. Guggulu contributes Lekhana, Shothahara & Rakta-Shodhana properties, which help in reducing chronic inflammation and preventing recurrence.

Khadirarishta is described in Bhaishajya Ratnavali in Kustha Chikitsa.¹⁴ The principal ingredient, Khadira (*Acacia catechu*), is characterized as Kushthaghna, Kandughna, Krimighna, and Rakta-Shodhaka. The formulation further comprises Triphala, Trikatu, Dhataki, Jiraka, and other drugs, fermented with Madhuka and Guda, which augment bioavailability and therapeutic efficacy. Therefore, Khadirarishta acts chiefly by purifying Rakta, enhancing hepatic and gastrointestinal functions, regulating metabolism, and subsequently alleviating pruritus, scaling, and discoloration associated with Kushtha.

Mahatikta Ghrita¹⁵ is prepared with Tikta Rasa Pradhana Dravyas such as Nimba, Patola, Guduchi, Katuki, Vasa, Haridra, and Daruharidra, processed in Ghrita. Ghrita itself possesses Sanskara Anuvartana property, facilitating the deep penetration of drugs into the skin and micro-channels (Srotogami), while

pacifying Vata-Pitta. By virtue of its Snigdha, Sheeta and Yogavahi properties, it relieves dryness, scaling and inflammation.

Tikta Dravyas possess Rakta-Shodhaka, Pitta-Kapha Shamaka, and Kleda-Shoshaka actions, which help in reducing oozing, erythema (redness), and epidermal thickening. Local application exerts Shothahara, Daha-Prashamana, and Varnya effects, pacifying lesions externally, whereas systemic administration purifies Rakta Dhatu internally. Regular application in the form of Pralepa/Abhyanga with Mahatikta Ghrita promotes Twak-Prasadana, restoring normal skin colour and texture, and prevents recurrence.

Triphala churna contains Amalaki, Haritaki and Bibhitaki. It prevents further ama formation by enhancing Deepana- pachana. It is also Tridosha shamak.

The PASI score was 30.4 before treatment, 2.6 after treatment and 0.6 at follow-up as shown in figure 1.

Conclusion:

Eka- kustha (Psoriasis) is relapsing disease. In present study the patient was given Ayurvedic management comprising of Mahamanjisthadi kwath, Arogyavardhini rasa, Panchatiktaghrita Guggul, khadirarista, Triphala churna, Brahmi vati, internal and external use of mahatikta ghrita offers a comprehensive strategy for the management of Eka- kustha. This holistic approach not only mitigates clinical symptoms but also targets the underlying Dosha-Dushya imbalance. A significant reduction in PASI score, along with better sleep and reduced stress, reflects the holistic benefit achieved by addressing both Sharirika and Manasika nidana. By considering results of this case, it can be concluded that Shodhana and Shamana chikitsa play a significant role in the management of Eka Kushtha vis a vis Psoriasis.

The present case study will definitely charge up the new researchers to manage this condition and undertake further studies.

Patient Consent:

In this case report form, the patient has given full consent for the images to be published in the journal.

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